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Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER FIRST AMENDMENT CLAIMS AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend .Indep Depend Depend /51 / 52 <u> 1 53</u> 1 54 **1** 55 **1** 56 1 57 1 58 8 9 10 **1** 59 / 60 61 62 / 13 64 65 1 15 1 67 1 68 17 **√** 69 **√** 70 1 19 1 20 71 / 21 1 72 **J** 73 1 74 1 24 75 777 778 779 28 1 80 1 30 / 81 1 82 83 / 84 / 85 7 86 / 87 37 1 88 1 89 / 90 / 91 / 92 / 93 / 94 1 43 95 7 45. 1 46 197 1 47 7 1 98 48. 7 99 7000 49. 150 Total Total Indep Indep Tolal Total Depend Depend Total Total

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